

Entered – 09-06-00- sb
CL 00L0546 - ALEXIS HOLMES

CLAIM OF: **RICARDO E. JONES**
520 Stonebriar Way
Atlanta, Georgia 30331

01-R -1824

For vehicular damages alleged to have been sustained as a result of driving over a metal plate in the roadway on August 16, 2000 at Macon Drive between Polar Rock Road and Lang Drive.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **RICARDO E. JONES** the sum of **\$626.24** in full settlement and satisfaction of all claims, past, present and future, of every kind and character **for vehicular damages alleged to have been sustained as a result of driving over a metal plate in the roadway on August 16, 2000 at Macon Drive between Polar Rock Road and Lang Drive** as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0546

Date: 10/29/01

Claimant /Victim RICARDO E. JONES

BY: (Atty) _____

Address: 520 Stonebriar Way Atlanta, Georgia 30331

Subrogation: _____ Claim for Property damage \$ 666.56 Bodily Injury \$ _____

Date of Notice: 8/28/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 8/16/00 Place: Macon Drive between Polar Rock Road and Lang Drive

Department Public Works Division: Sewer Operations

Employee involved _____ Disciplinary Action _____

NATURE OF CLAIM: The claimant sustained damages to his vehicle after he drove over an unsecured metal plate in the roadway incurring damages in the above amount.

INVESTIGATION:

Statements: City employee _____ Claimant X Other X Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X

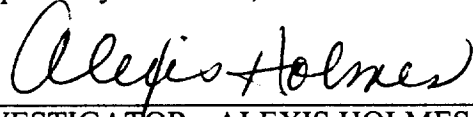
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

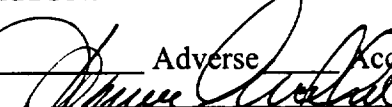
Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 666.56 Adverse _____ Account charged: 1A01 _____ 2J01 X 2H01 _____

Claims Manager:  Concur/date 11-01-01

Committee Action: _____ Council Action _____

AUG 28

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

08-29-00A10:57 RCVD

RE: CLAIM FOR DAMAGES

Today's Date: Aug 23, 2000

ENTERED - 9-6-00 - SB
001.0546 - ALEXIS HOLMES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ tire 179.95 / rim 446.29 property and/or \$ 0 bodily injury for which I contend the City is liable. Total 626.24

1. Date of incident: Aug 16, 2000 (month/day/ year) 2. Time of Incident: 7:42am 3. Police called: Yes ☒ No
4. Location of incident (including street address): Macon Drive between Polar Rock and Lang St
5. Name of your insurance company: Progressive Policy No. 35345742-1
6. State what and how incident occurred: Driving up Macon Drive headed to work (South Atlanta High School) ran over metal sheet located on the street, once I went over it, I heard it hit my tire and rim, then had to pull over, my tire had a large cut on the side of it and a dent in my rim
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: Infinity Q45 (Make) 1997 (Year) 6241 YY (Tag Number) Ricardo Jones (Driver's Name)
City vehicle: _____ (Make) _____ (City Driver's Name) _____ (Department/Bureau)
9. Witness: _____ (Name) _____ (Address) _____ (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

Ricardo E Jones
Signature of Claimant

Ricardo E Jones
(Print Claimant's Name)

520 Stonebriar Way
(Address)

Atlanta GA 30331
(City, State and Zip Code)

(404) 362-5057 (Work Number) (404) 629-0187 (Home Number)
E-mail ricjones32@hotmail.com